

DREAM – Lunar Extreme Workshop

Date: _____

To: DREAM Education and Public Outreach Team

*I am the [choose appropriate option] Parent / Lawful Guardian of _____
[student's name]. I grant permission for my child to participate in the Dynamic Response of the
Environment At the Moon (DREAM) – Lunar Extreme Program. As part of the program, I
understand that my child is expected to participate in the workshop described below:*

From June 18-22, 2012 teacher/student teams will be expected to participate in a Lunar Extreme Workshop (LEW) at Ames Research Center. During the workshop, teams will interact with DREAM scientists and education staff, observe the process of science in action, and learn more about NASA careers and opportunities. The direct interaction with scientists, both prior to and at the LEW, offers opportunities for students to learn more about available careers – and meeting and interacting with the passionate people who perform these careers every day may inspire these students to enter the science, engineering, or NASA workforce. Students will be responsible for their own transportation to/from Ames Research Center.

Name of student: _____

Name of teacher: _____

Method of transportation: _____

Emergency contact name and numbers(s): _____

Authorized to Treat Minor: *In the event that I cannot be reached in an emergency, I hereby permit the workshop organizers to call 911 and/or to contact a medical facility or physician to provide proper treatment to _____ [student's name] and that I will be responsible for all expenses arising in association with such treatment.*

Parent's Signature: _____

Date: _____